

Town

County

MARYLAND

Died at

Berwyn

Month

Day

Y.

M.

D.

Native of

Occupation

Date 9/19

May 12

Age 69

Widow

Divorced

House wife

Male

White

Married

Female

Colored

Single

Widower

Number of children living

7

Husband of

James E. Adams

Wife

Mother's

Father's

Name

Charles Garner

Maiden Name

Mary Garner

Cause of

Primary

How long sick

Death

Immediate

Heart Failure

Sudden

Reported by

G.O. Munoz and

Address

Woody Hill



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

James Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Dormitory		Charles					
Date of death	1903	Month 5	Day 10	Years	Months	Days	13
Sex	male	Color or Race	African	Birth-place	Ind		
Married, Single or Widowed		Occupation	none.				
Name of Wife or Husband	Mary Campbell						
Father's Name	James Campbell			Father's Birthplace	Ind		
Mother's Maiden Name	Mary Delaher			Mother's Birthplace	Ind		
Name of person giving Information	Father			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

92

How long

life time

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

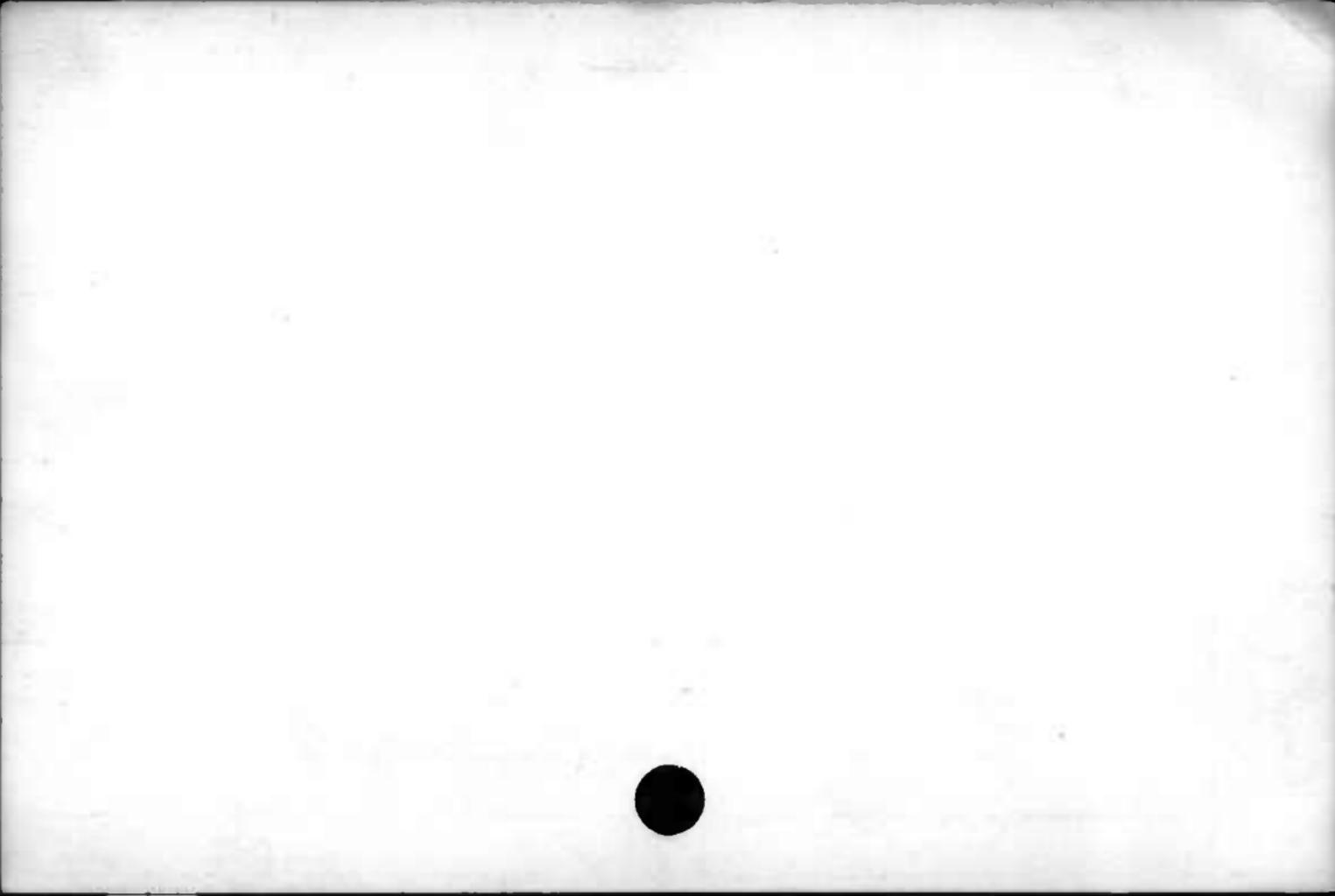
Signature of Physician

Address

J. L. Haynes Ind.

Mason Springs Ind.

Accident or Suicide?



Name
in
Full

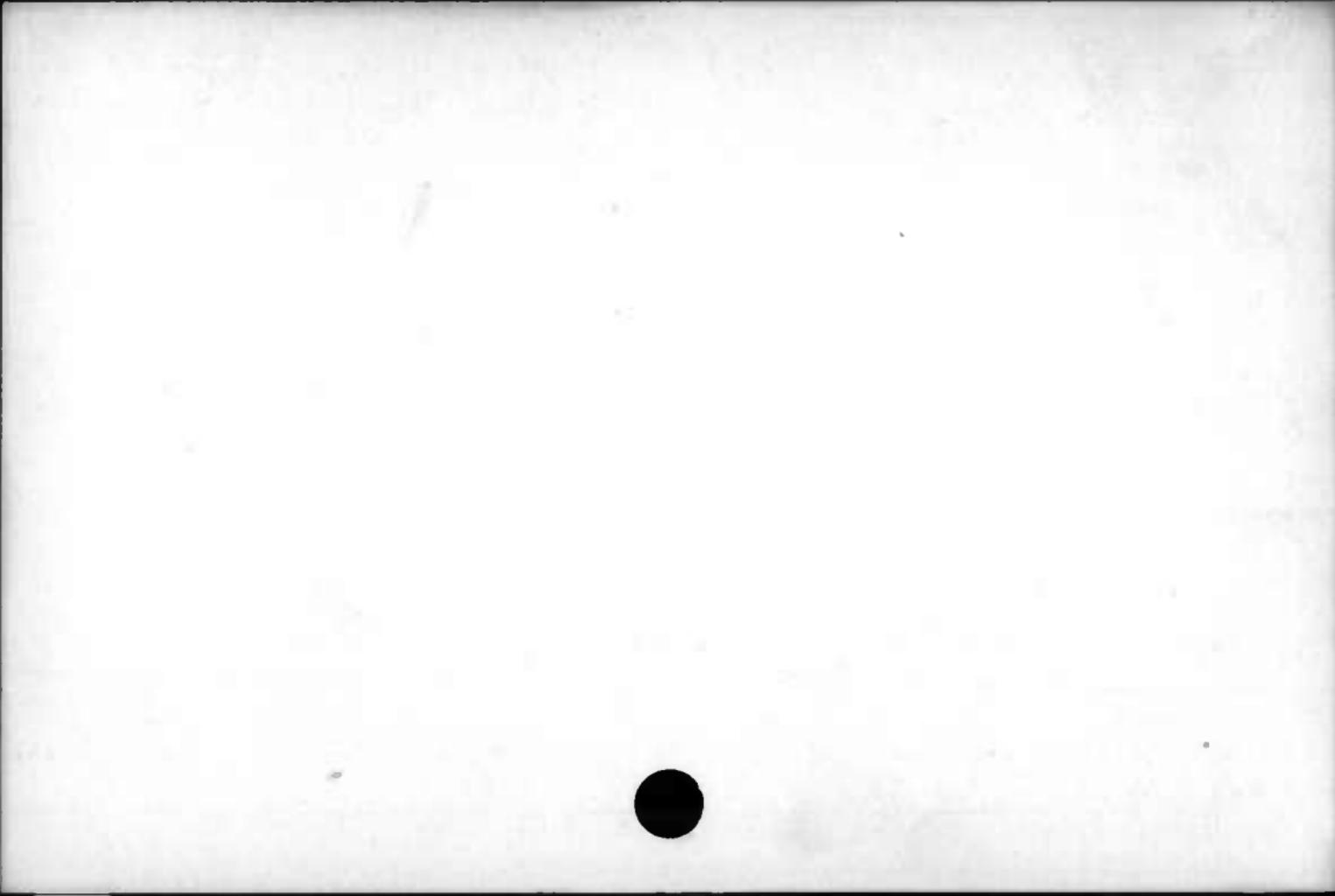
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Near Waldorf		Town	County			Charles MARYLAND		
Date of death 1903	Month may	Day 28	Age 1	Years	Months	1	Days	6
Sex	Color or Race	black			Birth-place	Charles Co		
Married, Single or Widowed			Occupation					
Name of Wife or Husband								
Father's Name		Frank Farmer			Father's Birthplace		Charles Co	
Mother's Maiden Name		Norah Lee			Mother's Birthplace		Charles Co	
Name of person giving Information		Nelson Lee			How related to deceased		Grand Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	XX 151	How long
	Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>No Doctor</u>	
Address			
Accident or Suicide?			



Clarence R Hackerson

Town

County

Died at Planter's Delight

Charles

MARYLAND

Died at Month Day

Y. M. D.

Native of

Date 1903

Mar 31

1 6 -

Md

Occupation

Male

Widow

none

Female

Divorced

Colored

Number of children living

none

Husband of

Wife

Father's Name

John E Hackerson

Mother's

Maiden Name

Sarah C Ross

How long sick

Cause of Death

Primary

Pneumonia

93

Death

Immediate

Congestion of Lungs

Accident, Suicide, Homicide

Reported by

C. O. Carpenter Undertaker

Address

Pisgah MD.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name
in
Full

Harriett Hackerson

CERTIFICATE OF DEATH

TO BE ANSWERED BY

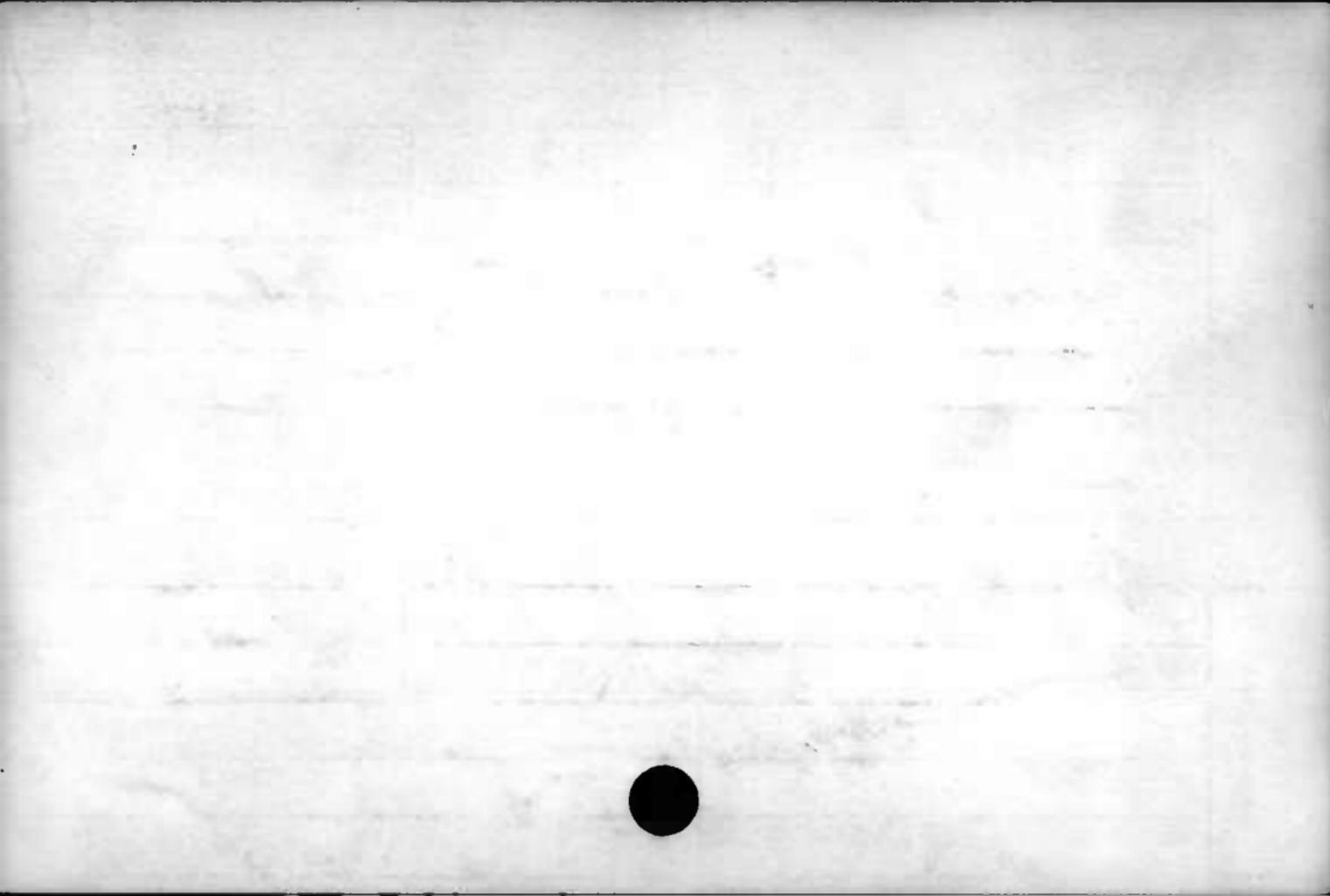
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1903	Month 5	Day 6	Age 57	Months
Sex Female	Color or Race C	Birth-place Md.	Days	
Married, Single or Widowed	Occupation Wife			
Name of Wife or Husband	Joseph & Hackerson			
Father's Name	Edward Chunn	Father's Birthplace	Md	
Mother's Maiden Name	Catherine Chunn	Mother's Birthplace	Md	
Name of person giving information	John. E Hackerson	How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Otitisis Palmonitis	How long	3 years.
Immediate	Ascaris, Carteriæ Cysticerci	How long	4 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Daniel L. Hany M.
		Address	Mosser Springs Md.
Accident or Suicide?			



William Francis Hungerforth

Town

Chapel Point

County

Charles

MARYLAND

Died at

Date 1893

Month

Day

Y.

M.

D.

Native of

Maryland

Occupation

Male

White

Age

27

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

J. Frank Hungerforth, Mary E. Hungerforth

Mother's

Name

Cause of

Primary

Tuberculosis

How long sick

1 year

Death

Immediate

Asthma

27

Accident, Suicide, Homicide

Reported by

E. Hansen

Bel Alton
Maryland

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James H. Long

Town

Nanjemoy

County

Ches

Died at

MARYLAND

Date 19

03 May 13

Month

Day

Y. M. D.

Native of

Occupation

Male

Age

Widow

md

Female

White

Married

Divorced

Farmer & Rancher

Colored

Single

Widower

Number of children living

4

Husband of

Wife

Father's Name

H. H. Long

Mother's

Maiden Name

Charlotte C. Long

Cause of Death

Primary

Organic heart disease died suddenly
induced by alcoholism

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

S. H. Speake md
Wayton md

Address

Must be signed by physician, if any in attendance, otherwise by

undertaker or minister.



Name in Full

Certificate of Deeth

Mary Elizabeth Marshall

Died at Town Adams Branch County Calvert MARYLAND

Date 1903	Month May	Day 26	Y. 24	M. -	D. -	Native of Md	Occupation Survivor
Male	White	Age 24 -			Widow	Divorced	Number of children living
Female	Colored	Married			Widower		

Husband of _____

Wife

Father's Name Patrick Marshall Mother's Maiden Name Sallie Young

Cause of

Primary	Pulmonary Tuberculosis	How long sick 1 year
Death Immediate	Asthma	Accident, Suicide, Homicide

Reported by

Dr. E. L. Cessil

27

Address Aeropark

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

No Name						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death 1903	Month May	Day 4	Age 3 days	Years	Months	Days	
Sex Girl	Color or Race	Occupation		Birthplace			
Married, Single or Widowed				Hicimico			
Name of Wife or Husband							
Father's Name		Hale Queen		Father's Birthplace		Hicimico	
Mother's Maiden Name		Hagner - Hicks		Mother's Birthplace		Hicimico	
Name of person giving Information		Geo. Morris		How related to deceased		None	
CAUSES OF DEATH							
Primary	Not Known			How long	three days		
Immediate				How long			

PHYSICIAN
OR CORONER

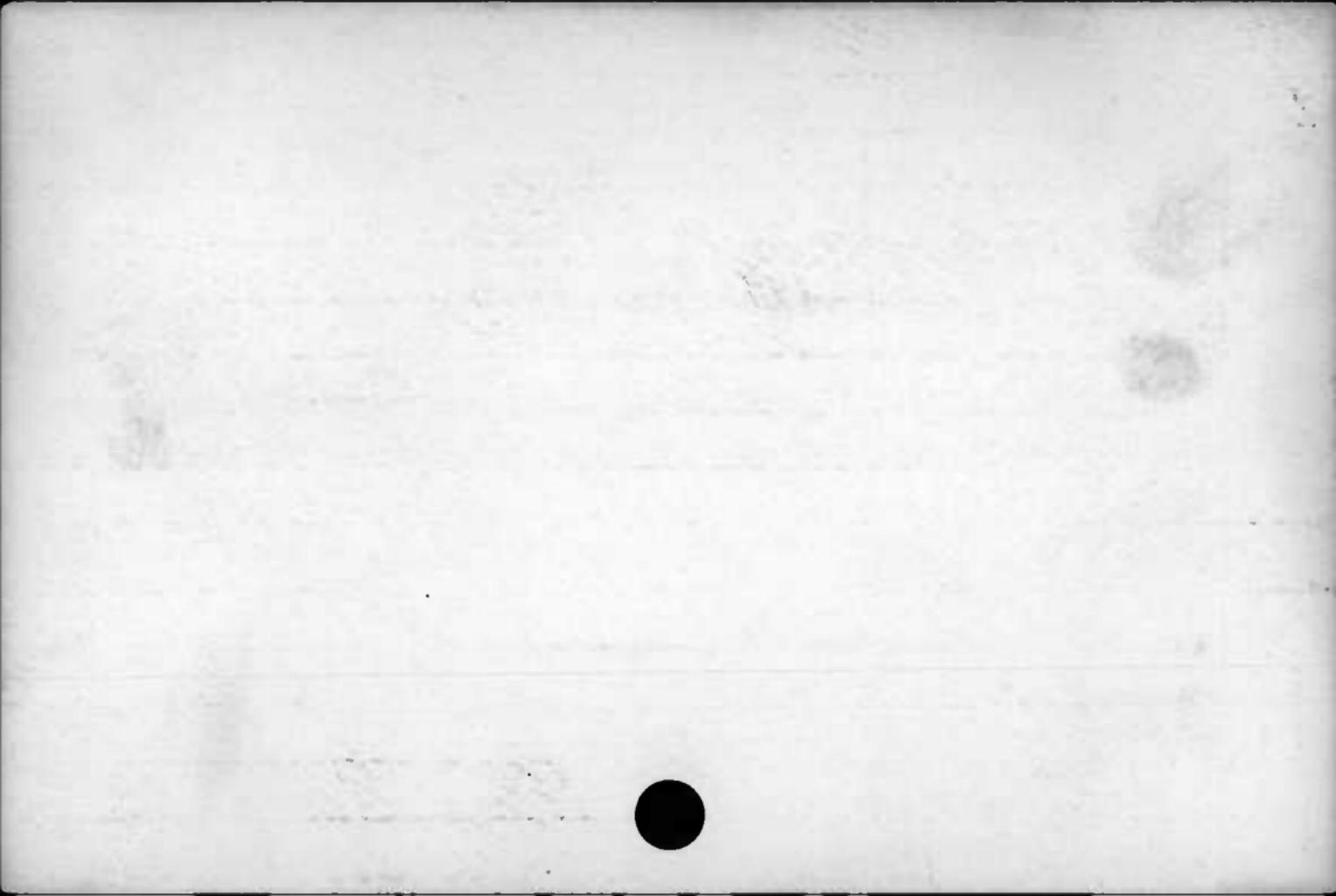
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

179

Accident or Suicide?



Name
in
Full

Shule Born

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Marietta</u>		Town <u>Texas</u> County		MARYLAND		
Date of death 1903	Month <u>July</u>	Day <u>18</u>	Age	Years	Months	Days
Sex <u>Boy</u>	Color or <u>Black</u>		Birth-place <u>Marietta</u>			
Married, Single or Widowed	Occupation					
Name of Wife or Husband	<u>Harriet - Lillian</u>					
Father's Name	<u>John Deegan</u>					
Mother's Maiden Name	<u>Harriet - Lillian</u>					
Name of person giving Information	<u>John Deegan</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long

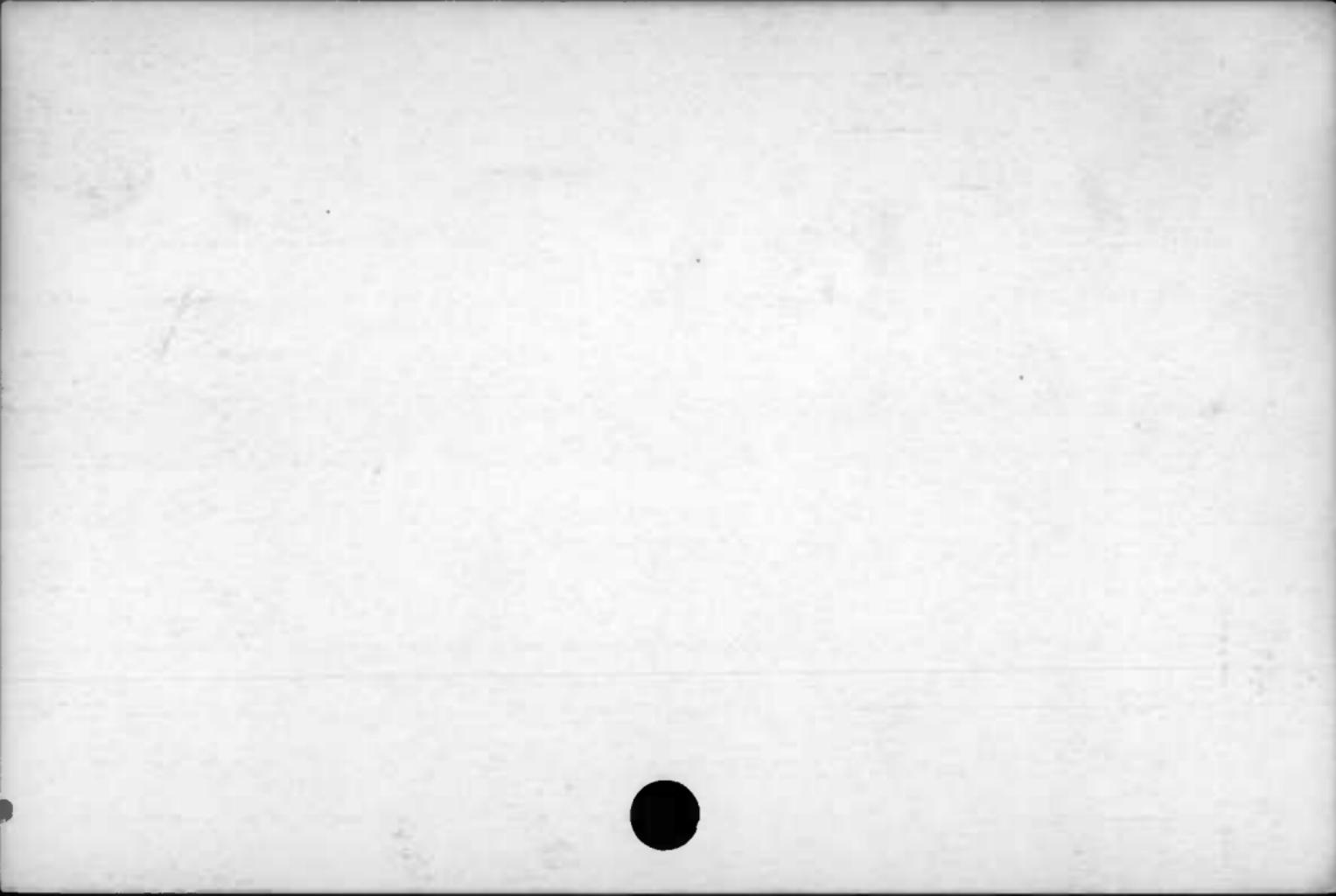
Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Margaret E Rison

Town
Died at Indian Head, Charles

County

MARYLAND

Date 1903	Month May	Day 20	Y. 24	M. 7	D. 28	Native of Maryland	Occupation
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband
of

Wife

Father's
Name

Robert E Rison

Mother's
Name

Mary Rison

Cause of Death	Primary: Acute Pulmonary Tuberculosis	How long sick
	Immediate: Asthenia	Four years
		Accident, Suicide, Homicide

Reported by Harry Lee Brown, M.D. U. S. Navy.

Address 9 Naval Proving Ground, Indian Head,
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

W. Truman Beardsley Shaw

Town

County

Died at Indian Head, Charles

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	May	25	71	6	5	Pennsylvania	Merchant
Male	White		Married		Widow	<u>Divorced</u>	
Female	Colored		Single		Widower		Number of children living

Husband

Wife of

Belle V. Shaw

81

Father's

Name

Not Known

Mother's
Name

Not Known

Cause of

Primary

Rupture of Aneurism

How long sick

Five years.

Death

Immediate

of Arch of the Aorta

Accident, Suicide, Homicide

Reported by

Harry F. Brown, M.D.

Address

Indian Head, Md. [REDACTED] U.S. Naval Proving Ground.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mattie May Skinner

Town

Cross Roads

County

Charles.

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Date 1923

May 31st

11

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Samuel Skinner Rosa Warden

Mother's
Maiden Name

Cause of

Primary

Summer complaint

How long sick

4 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Timothy Skinner 105 undesignated

no Dr in attendance

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Henry Charles

Town

Waldorf

County

Charles

MARYLAND

Died at

Month

Day

Y. M. D.

Native of

Age

75-

Married

Widow

Divorced

Occupation

Farmer

Date 1903

May 28

Single

Widower

Number of children living

4

Male

White

Female

Colored

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

General debility

How long sick

18 days

Death

Immediate

Pneumonia.

Accident, Suicide, Homicide

Reported by

G. O. Morris MD

Address

Waldorf MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Richard Holly Thomas

Town

County

MARYLAND

Died at

Pomfret

Ches

Month

Day

Y.

M.

D.

Date 1963

May 16

Age 17

Native of

Md

Occupation

Labor

Male

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Child

Wife

Father's Name

Robert Thomas

Mother's

Maiden Name

Sarah Carpenter

Cause of

Primary

How long sick

Death

Immediate

Meals

Accident, Suicide, Homicide

Reported by

Father Robert Thomas

Address

Pomona Key Md.  Willistown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Edith Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1908	Month	Day	Years	Months	Days	
Sex Female		Color or Race	Age 24		Birth-place char 6 th m th	
Married, Single or Widowed	Married		Occupation char wife			
Name of Wife or Husband	John Thomas					
Father's Name	Phil Jenkins			Father's Birthplace	char 6 th m th	
Mother's Maiden Name	Harrington Sewell			Mother's Birthplace	" " "	
Name of person giving information	John Thomas			How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	5 mos
Immediate	Heart Failure	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	None attending
		Address	

Accident or Suicide?

Rept. by
W. F. Brown

Name
in
Full

Catherine Washington

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death 1903		Month 5	Day 24	Years 50.	Months
Sex Female		Color or Race C.	Occupation	Days	
Married, Single or Widowed		Birth-place		2nd	
Name of Wife or Husband		Occupation		None.	
Father's Name		Father's Birthplace		2nd	
Mother's Maiden Name		Mother's Birthplace		2nd	
Name of person giving information		How related to deceased		Son	

Leigh Washington

Catherine Gainer

See Washington 29

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Phthisis Pneumonia

How long

08 Years

Immediate

Asthma Cardiopathy

How long

Three Month.

Are the name, age, sex, color, date and place correctly given above?

Yes

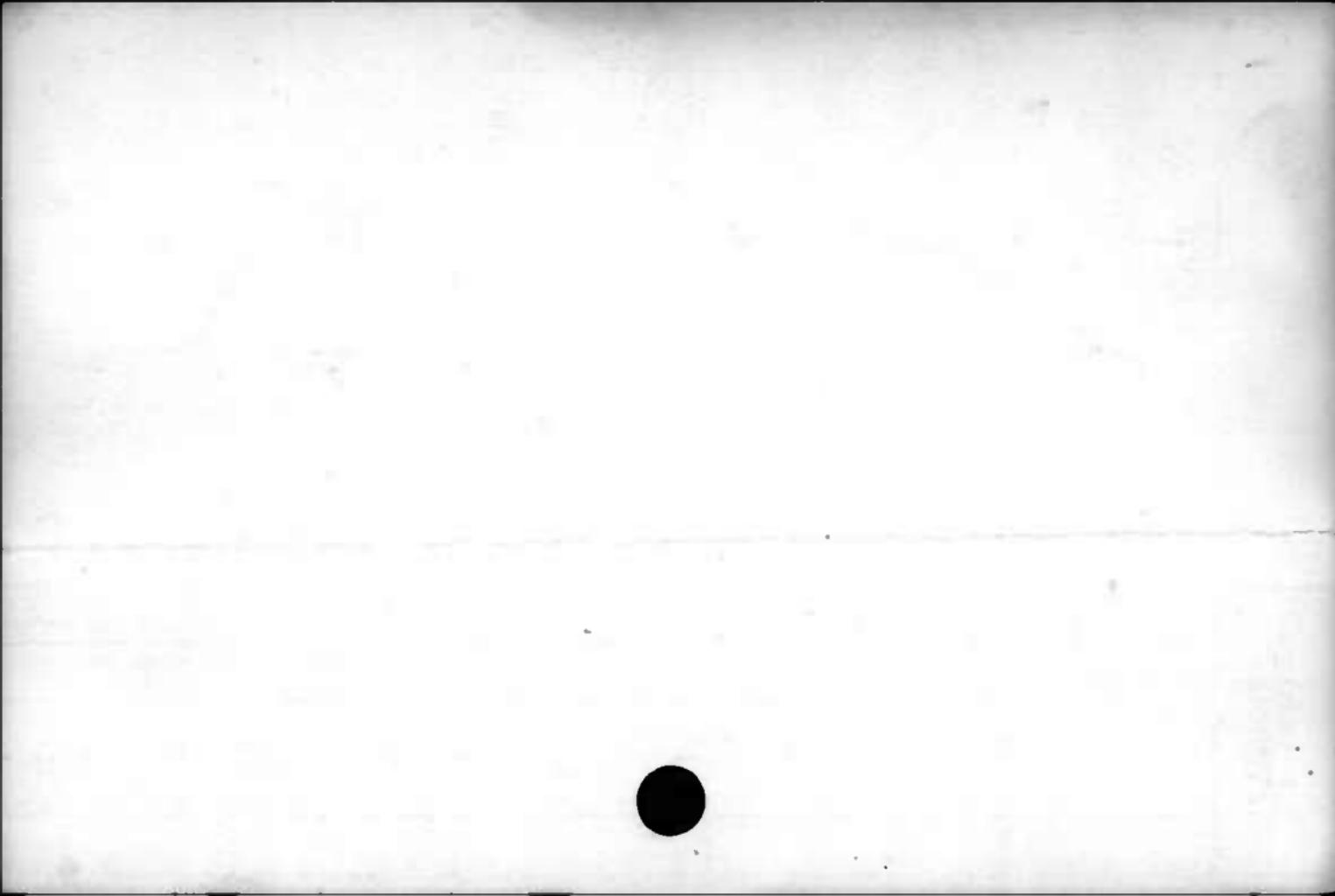
Signature of
Physician

Address

Paul L. Hanner Jr.

Meson Springs
Md.

Accident or Suicide?



Mary W. B. Wilkerson

Died at	Poway	Town	County	Charles		MARYLAND
Date 19	03	Month	Day	Y. M. D.	Native of	Occupation
	May 16			30-	- Md -	Housewife
		Male	White	Married	Widow	Divorced
		Female	Colored	Single	Widower	Number of children living
						5-

Husband of Ernest Wilkerson

Father's Name Washington Pye Mother's Maiden Name Elizabeth Edder

Cause of Death	Primary	Abortion (neglect)	How long sick
	Immediate	Septicemia	5 weeks
			Accident, Suicide, Homicide

Reported by J. W. Mitchell, M.D.

Address Poway  Md - 134

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

